

Comparison of CC Employment Mechanisms				
	T5 Employment (non-medical)	T5 Employment with T.38 Pay (Nurses and Allied Health)	T42 Clinical Research Support (CRS)	T42 Scientific
Statutory Basis and Type of Service	Title 5 USC (Government Organization and Employees) - Primarily Competitive Service	Title 5 USC (Government Organization and Employees) - Primarily Competitive Service	Title 42 (PHS Act) - Excepted Service	Title 42 (PHS Act) - Excepted Service
Scope of the System	Title 5 covers all Executive Branch agencies in a full range of occupations. OPM provides overall guidance and management of the T.5 system	<p>Title 5 covers all Executive Branch agencies in a full range of occupations. OPM provides overall guidance and management of the T.5 system</p> <p>T.38 premium pay and special salary rate authority was extended to NIH nurses and allied health employees under special statutory authority.</p>	<p>Title 42 authority under 209(f) is available to PHS agencies for scientific positions. The CC administers CRS based on HHS approval of the program in 2001.</p> <p>Two Clinical Research Support Program (CRS) categories are established:</p> <ul style="list-style-type: none">• Professional and Associated Clinical Service. The Clinical Service Category includes professional and associated clinical positions in the biological sciences, physical sciences, social sciences, nursing, allied health sciences, veterinary sciences, mathematics, statistics, and engineering• Clinical Technical Service. The Clinical Service Category includes positions that provide technical clinical services, e.g., Ultrasound Technicians, Diagnostic Radiologic Technicians, etc. in support of the research effort.	<p>Title 42 authority under 209(f) and (g) is available to PHS agencies for scientific positions. NIH administers T.42 programs for NIH ICs.</p> <p>T42(f) indefinite appointments are available for Senior Investigators. Senior Investigators are scientists who have been granted tenure and a commitment of independent resources.</p> <p>T42(g) time limited, renewable appointments are available for:</p> <p>Tenure Track Investigators: Scientists who have completed advanced research and are under consideration for permanent appointment and tenure.</p> <p>Senior Scientists/Senior Clinicians:</p> <ul style="list-style-type: none">• Category 1 - scientists or clinicians who manage large research programs but do not carry out significant investigator-initiated independent research; or• Category 2 - senior scientists coming to NIH for a limited period of time. <p>Staff Clinicians: Physicians/dentists who spend a majority of time providing patient care services but also may serve as the principal investigator on clinical protocols, under the supervision of a Senior Investigator.</p> <p>Staff Scientists & Staff Scientist (Clinical):</p>

				<p>Scientists who participate with the Senior Investigator on long term research. Staff Scientists do not receive independent resources, although they may work independently. Staff Scientists (Clinical) provide patient care services or products.</p> <p>Clinical/Research Fellows:</p> <ul style="list-style-type: none"> • Research Fellows - junior-level scientists who obtain experience in biomedical research while they provide a service relevant to the NIH's program needs. • Clinical Fellows - junior-level physicians who obtain experience in clinical work relevant to NIH's program needs.
Citizenship Requirements	US citizenship is required. Citizens of allied nations may be appointed on a limited basis.	US citizenship is required. Citizens of allied nations may be appointed on a limited basis.	US citizenship or resident alien status is required. Employment of nonresident aliens with an employment visa is possible.	Appointments are limited to U.S. citizens, resident aliens, or nonresident aliens with a valid employment - authorized visa. Citizenship from a country treaty allied with the U.S. is not required.
Qualifications Requirements	OPM establishes X-118 Qualifications Standards that reflect government-wide occupational requirements.	OPM establishes X-118 Qualifications Standards that reflect government-wide occupational requirements.	X-118 Qualification Standards are used, though the CC has the authority to establish qualifications. Occupation specific competency requirements that meet JCAHO standards are a key component of the CRS program.	Candidates must possess a Ph.D., M.D., D.D.S., D.M.D., D.V.M., or equivalent degree in a biomedical, behavioral, or related science or have been certified by a university as meeting all the requirements leading to such a degree. Degree requirements for non-clinical positions may be waived by the DDIR, NIH, in those rare cases in which training and experience are judged to equal the stature and achievement normally associated with a doctoral degree. Certification by the Educational Commission for Foreign Medical Graduates is required for an equivalent degree from a foreign medical school.
Appointment Types	Permanent, term (1-4 years) and temporary employment (one year)	Permanent, term (1-4 years) and temporary employment (one year)	Indefinite employment is available for core positions (continuing). Supplemental positions (non-continuing) are filled by	T42 (f) – indefinite appointments (Senior Investigators) T42 (g) – initial appointment can be made

			renewable term and per diem employees, i.e., float pool	up to 5 years with unlimited renewals in 1-5 year increments. (Staff Scientists, Staff Scientist (Clinical), and Staff Clinicians). Tenure-Track Investigators are given 6 years to obtain tenure, unless assigned a clinical track, which has an 8 year maximum timeframe to obtain tenure. Research and Clinical Fellows are appointed for 1-3 years, with 5 year maximum extensions, and a maximum total duration of 8 years.
Appointment Process	Competitive examination - applications are solicited through formal advertisement. Ranking of applicants is required. Selection is controlled within a specified order on registers of eligible candidates. Strong veteran's preference is extended to veteran applicants.	Competitive examination - applications are solicited through formal advertisement. Ranking of applicants is required. Selection is controlled within a specified order on registers of eligible candidates. Strong veteran's preference is extended to veteran applicants.	Open and fair consideration of applicants from one or more sources, e.g., job fairs, advertisements, etc. Ranking is not required. Selection of any qualified applicant is permissible. Fast track option with no formal recruitment permissible in unusual cases (with approval by Director, CC).	Recruitment efforts are conducted through journal advertisements. A national search may be required. Rating or ranking is not required. Selection of any qualified applicant is permissible. Appointments require approval based upon both the Professional Designation, and the pay level requested, and are subject to current delegations of authority. See the OIR sourcebook for further details on appointment procedures. The T42 Pay Model describes approval procedures based on requested salary level.
Probationary Period	One year for permanent appointments	. One year for permanent appointments.	One to three years for indefinite appointments.	One to two years for indefinite appointments
Grade Structure	A fifteen grade General Schedule structure is based on statutory definitions. Government-wide classification standards are developed by OPM and contain specific occupational and grading criteria. Position titles are prescribed for government-wide use. Job evaluation is done by human resources specialists and is based on the characteristics of the position, not the	A fifteen grade General Schedule structure is based on statutory definitions. Government-wide classification standards are developed by OPM and contain specific occupational and grading criteria. Position titles are prescribed for government-wide use. Job evaluation is done by human resources specialists and is based on the characteristics of the position, not the	Three broad pay bands are available for each Clinical Service Category: <ul style="list-style-type: none"> • Band I represents a developmental continuum from the entry level through the full operating level. • Band II represents an expert or specialist level that requires highly developed or specialized knowledge of an occupation. • Band III represents a managerial or senior specialist level. Position titles are be established by the CC	The NIH T42 Pay Model prescribes position titles, pay bands, and pay terciles and quartiles. Senior Investigators, Senior Scientists, and Senior Clinicians are assigned to Band IV which is divided into pay quartiles. Research Fellows, Staff Scientists, Staff Scientists (Clinical), Staff Clinician, and Tenure-Track Investigators are assigned

	<p>person. Supervisory positions typically are classified one or two grades higher than the positions supervised. Position descriptions of duties and up to nine specific classification factors are required.</p>	<p>person. Supervisory positions typically are classified one or two grades higher than the positions supervised. Position descriptions of duties and up to nine specific classification factors are required.</p>	<p>to reflect occupational assignments and meet data collection needs. A short description of duties and a competency plan describes positions. Managers with pay-setting authority determine the placement of a position in one of the bands. Supervisory positions are allocated to the appropriate band based on the function supervised. (Note: While no separate band assignment is made for supervisory duties, CRS supervisors generally receive a base salary that is 3% to 10% higher than would be paid if the position had no supervisory duties. – see the CC T42 CRS Compensation Plan.</p>	<p>Bands I, II, or III, each of which is divided into pay terciles.</p> <p>Clinical Fellows are ranked based on the clinicians' post-graduate year.</p>
Base Pay System	<p>Each of the 15 grades of General Schedule has a discrete pay structure with 10 steps. The pay range of each grade is approximately 30%. Inter-grade differentials range from 10% to 19%. GS rates are established for the local area by Executive Order; these locality rates apply to occupations that are not covered by a special salary rates.</p>	<p>Each of the 15 grades of General Schedule has a discrete pay structure with 10 steps. The pay range of each grade is approximately 30%. Inter-grade differentials range from 10% to 19%. GS rates are established for the local area by Executive Order; these locality rates apply to occupations that are not covered by a special salary rates.</p> <p>Approximately 12 CC health care occupations are covered by higher Title 38 special salary rates and are paid more than the General Schedule because of historical recruitment/retention difficulties for these occupations.</p>	<p>The CC Director establishes broad pay ranges for each cluster/band. Additional pay ranges may be established when necessary to reflect market rates for specific occupations or categories. There are no pre-fixed "steps" within the band ranges. Band ranges are established to:</p> <ul style="list-style-type: none"> • maintain pay alignment with equivalent occupations in the private sector or other Federal agencies; • facilitate appropriate internal pay alignment of CC occupations; and meet CC budget needs and goals. 	<p>Positions are assigned to a pay band, and a pay tercile or quartile based upon the characteristics of the position and the person's credentials, as described in the NIH T42 Pay Model. There are no pre-fixed "steps" within the band ranges. Individual rates are subject to three potential levels of review and approval:</p> <ul style="list-style-type: none"> • Approval by the CC Director or designee; • Approval by the CC Director after review by CC Standing Committee; • Approval by the Director, NIH, or designee, based upon a recommendation by the NCC and following the reviews by the CC Standing Committee and approval by the CC Director
Individual Entry Rate	<p>Step 1 of the applicable grade is the normal entry rate for new hires. Higher entry may be based on the employee's superior qualifications or a special need for the candidate's service. In setting the appropriate step, consideration is given to the availability of other highly-</p>	<p>Step 1 of the applicable grade is the normal entry rate for new hires. Higher entry may be based on the employee's superior qualifications or a special need for the candidate's service. In setting the appropriate step, consideration is given to the availability of other highly-</p>	<p>The manager with pay setting authority establishes individual stipend rates (Band I - Dept. Head; Band II – Assoc. /Deputy Director; Band III – CC Director). As outlined in the CC T42 CRS Compensation Plan, issued 3/2002,</p>	<p>Entry rate is justified by the department in a request memorandum, and is based on:</p> <ul style="list-style-type: none"> • Complexity of program or projects, • Originality of work; • Impact on the scientific community; • Clinical skills of benefit in the NIH;

	qualified candidates, the existing compensation of the candidate (including any bona fide fringe benefits not offset by Federal benefits), and confirmed competing offers.	qualified candidates, the existing compensation of the candidate (including any bona fide fringe benefits not offset by Federal benefits), and confirmed competing offers.	<p>individual entry rates are based on:</p> <ul style="list-style-type: none"> the qualifications and competencies of the employee; the individual's current salary and benefit package; the criticality of the program assignment; any supervisory/managerial responsibilities; the market rate for the position; and fund availability. <p>Generally, the lower half of each band range is associated with position competencies from the fundamental level through the moderate level, while the upper half represents advanced levels.</p>	<ul style="list-style-type: none"> Breadth and depth of required knowledge; Decision making authority and independence; Resource management; Scope or impact that the individual exercises within the organization; The importance and frequency of interactions with individuals within or outside NIH <p>Generally, the entry rate for scientists and clinicians is set in Tercile 1 of the appropriate pay band. New salaries above Tercile 1 require additional reviews in accordance with the NIH T42 Pay Model. Pay in excess of EX-I, or exceptions to the pay model require review by the NCC and approval from the D/NIH.</p>
Base Pay Advancement	<p>Comparability Increases: T5 employees receive annual comparability increases based on percentages established by Executive Order and the Office of Personnel Management (OPM), i.e., nationwide or locality increases.</p> <p>Individual Adjustments: Longevity based increases of 3% advance employees through the 10 steps of each grade; increases occur every year for steps 2-4; every 2 years for steps 5-7; and every 3 years for steps 8 through 10. Movement to a higher grade (typically a 6% increase) is non-competitive through the full performance level and usually competitive above that level. Competitive actions are advertised under merit procedures and eligible candidates are ranked for referral.</p>	<p>Comparability Increases: T5 employees receive annual comparability increases based on percentages established by Executive Order and the Office of Personnel Management (OPM), i.e., nationwide or locality increases.</p> <p>Individual Adjustments: Longevity based increases of 3% advance employees through the 10 steps of each grade; increases occur every year for steps 2-4; every 2 years for steps 5-7; and every 3 years for steps 8 through 10. Movement to a higher grade (typically a 6% increase) is non-competitive through the full performance level and usually competitive above that level. Competitive actions are advertised under merit procedures and eligible candidates are ranked for referral.</p>	<p>Comparability Increases: At the discretion of the CC Director, employees with satisfactory performance may receive comparability increases that typically mimic nationwide GS increases.</p> <p>Individual Adjustments: Each employee's base pay must be reviewed annually, at a minimum. Individual increases within a band range may be awarded at any time during the year. Pay increases are based on an assessment of the employee's growth in competencies vis-à-vis the employee's existing placement in his/her band range, and the availability of funds. See the CC T42 CRS Compensation Plan, issued 3/2002. Movement to a higher band may be done at any time based upon programmatic need. The band change may be done on a competitive or non-competitive basis.</p>	<p>Comparability Increases: At the DHHS/NIH's discretion, scientists may be granted annual comparability increases.</p> <p>Individual Adjustments: Annual performance based adjustments take place as part of the Spring Cycle. The T42 Pay Model describes average rates of increases that must be applied by each IC. ICs must not exceed the assigned IC averages.</p> <p>Quadrennial Adjustments: Intramural Scientists are eligible for a greater than 2 percent increase in the spring of every fourth year based on the results of a quadrennial review.</p>
Supplemental Pay	Three types of government-wide	Three types of government-wide	Variable supplemental pay may be	Three types of supplemental pay

	supplemental pay mechanisms are available: <ul style="list-style-type: none"> Recruitment bonuses of up to 25 percent of base pay may be granted if difficulty otherwise would be encountered in filling the position with a high quality candidate. Usually granted only when necessary to match prior earnings and/or benefits or a competing offer. Retention allowances of up to 25 percent of base pay may be paid as an incentive to retain an employee because of a special need for the employee's services or the employee's specialized qualifications. Retention allowances usually are granted when a competing offer or employment opportunity is documented. A variety of monetary awards may be paid to reward group or individual accomplishments, suggestion or inventions. 	supplemental pay mechanisms are available: <ul style="list-style-type: none"> Recruitment bonuses of up to 25 percent of base pay may be granted if difficulty otherwise would be encountered in filling the position with a high quality candidate. Usually granted only when necessary to match prior earnings and/or benefits or a competing offer. Retention allowances of up to 25 percent of base pay may be paid as an incentive to retain an employee because of a special need for the employee's services or the employee's specialized qualifications. Retention allowances usually are granted when a competing offer or employment opportunity is documented. A variety of monetary awards may be paid to reward group or individual accomplishments, suggestion or inventions. 	established for employees on a discretionary basis. This pay is set by the supervisor with pay setting authority based on the following needs or factors: <ul style="list-style-type: none"> recruitment/retention incentive; referral bonuses for employees who refer applicants selected for hard-to-fill positions, e.g., critical care nursing; achievement or accomplishment awards; allowance for temporary roles that are not appropriately addressed through base pay (e.g. acting supervisor or mentor); and other appropriate factors. CC specific policies govern the use of these authorities. The types of variable pay and the total amount or percentage paid is subject to upward/downward adjustment.	mechanisms are available: <ul style="list-style-type: none"> Recruitment bonuses of up to 25 percent of base pay may be granted if difficulty otherwise would be encountered in filling the position with a high quality candidate. Usually granted only when necessary to match prior earnings and/or benefits or a competing offer. Retention allowances of up to 25 percent of base pay may be paid as an incentive to retain an employee because of a special need for the employee's services or the employee's specialized qualifications. Retention allowances technically may be approved only when a competing offer or other employment opportunity is documented, or it is likely the employee would leave otherwise. A variety of monetary awards are available to reward group or individual accomplishments, suggestion or inventions.
Premium Pay	Premium pay is available to compensate for overtime. Compensatory time off is allowed in lieu of overtime payment.	A comprehensive package of Title 38 premium pays is available to compensate for overtime, night, weekend, holiday, on-call and call-back work. Compensatory time off is allowed in lieu of overtime payment.	Premium pays are payable under Title 38 provisions. Alternative premium pay options may be established by the CC Director based on CC-specific needs, e.g., weekend alternative, or full time pay option (40 hours) for 36 hours of work (3 - 12 hours shifts).	N/A
Benefits	A comprehensive benefits program is provided for permanent and temporary appointments over 1 year, under government-wide regulations, e.g., leave, retirement and thrift savings, health and life insurance, worker's compensation, etc. Workplace benefits also are available, e.g., parking, fitness center, NIH day care center, etc. Travel and transportation benefits also	A comprehensive benefits program is provided for permanent and temporary appointments over 1 year, under government-wide regulations, e.g., leave, retirement and thrift savings, health and life insurance, worker's compensation, etc. Workplace benefits also are available, e.g., parking, fitness center, NIH day care center, etc. Travel and transportation benefits also	Title 5 benefits are provided to core and temporary supplemental staff with appointments over 1 year*, e.g., leave, retirement and thrift savings, health insurance, life insurance, training, worker's compensation, etc. Workplace benefits and travel and transportation benefits also are provided. Paid and unpaid sabbaticals may also be approved for Band III employees on a case-by-case basis.	A comprehensive benefits program is provided for indefinite and appointments over 1 year, e.g., leave, retirement and thrift savings, health and life insurance, worker's compensation, etc. Workplace benefits also are available, e.g., parking, fitness center, NIH day care center, etc. Travel and transportation benefits also may be authorized.

	may be authorized.	may be authorized.	<i>*Per diem employees are not be eligible for Federal benefits.</i>	
Performance Management and Assessment	HHS performance system with 4 tier summary rating and specified awards program. Annual appraisals are based on written performance plans containing administrative and critical elements (up to 6) and individual performance outcomes (3-5). A numerical summary performance rating determines eligibility for cash awards or QSI's (dependent of fund availability).	HHS performance system with 4 tier summary rating and specified awards program. Annual appraisals are based on written performance plans containing administrative and critical elements (up to 6) and individual performance outcomes (3-5). A numerical summary performance rating determines eligibility for cash awards or QSI's (dependent of fund availability).	HHS performance system with 4 tier summary rating and specified awards program. Annual appraisals are based on written performance plans containing administrative and critical elements (up to 6) and individual performance outcomes (3-5). A numerical summary performance rating determines eligibility for cash awards (dependent of fund availability). One of the critical elements must address position specific competencies that meet requirements of the Joint Commission on the Accreditation of Hospitals and also permit the assessment of employee growth in competencies for CRS base pay adjustments	HHS performance system with 4 tier summary rating and specified awards program covers T42 scientific positions except for the CC Director and the Scientific/Clinical Director (for the latter positions, please refer to the NIH Policy on Performance Management, Disciplinary Actions and Administrative Removals for T42 Employees, updated 6/06). Annual appraisals are based on written performance plans containing administrative and critical elements (up to 6) and individual performance outcomes (3-5). A numerical summary performance rating determines eligibility for cash awards (dependent of fund availability). Annual Adjustments (Spring Increases) for Title 42 (f & g) and Quadrennial Increases for Title 42 (f) also are performance based.
Adverse Action for Conduct or Performance Deficiencies	Government-wide regulations authorize agencies to suspend, demote, furlough, or remove employees for "such cause as will promote the efficiency of the service." Such actions may be based on misconduct, unacceptable performance, or a combination of both. They may also be taken for non-disciplinary reasons such as medical inability to perform. Probationary or Temporary Employees may be separated for unsatisfactory performance or conduct without extensive formal procedures. Temporary employees also may be separated for lack of funds or other administrative reasons.	Government-wide regulations authorize agencies to suspend, demote, furlough, or remove employees for "such cause as will promote the efficiency of the service." Such actions may be based on misconduct, unacceptable performance, or a combination of both. They may also be taken for non-disciplinary reasons such as medical inability to perform. Probationary or Temporary Employees may be separated for unsatisfactory performance or conduct without extensive formal procedures. Temporary employees also may be separated for lack of funds or other administrative reasons.	Simplified and streamlined procedures address issues of performance, personal or clinical misconduct, while maintaining fair and due process. Temporary Supplemental Employees may be terminated before their expiration dates for cause, e.g., personal or clinical misconduct; lack of satisfactory performance; or for administrative reasons including but not limited to programmatic changes, budgetary constraints, and lack of funds. A 7 day written notification is required (except in the case of personal or clinical misconduct). Conditional Core Employees Failure of core appointees to meet probationary requirements during the	The NIH Policy on Performance Management, Disciplinary Actions and Administrative Removals for Title 42 employees covers adverse actions for Title 42 scientific employees. Performance-Based Issues - Post-Probationary Employees Terminations or reductions-in-pay of up to 20% or \$20,000 may be taken for unacceptable performance. Thorough written documentation detailing the unacceptable performance is required. Employees are given an opportunity to improve under a formal performance improvement plan. If unsatisfactory performance continues, a written proposal of adverse action is prepared and the

	<p>Performance-Based Actions for Post-Probationary Employees Performance-based actions, including reduction in grade and removal, may be taken under highly detailed OPM regulations (5 USC, Part 432). Such actions would be based on unsatisfactory performance on one or more critical elements of the employee's position. Employees must receive formal notification of deficient performance, be given an opportunity to demonstrate acceptable performance, receive advance notice of any proposed action with a period of opportunity to respond, and receive a written decision of action with notification of appeal rights to MSPB and other appellate organizations. Inherent in this process are extensive documentation requirements, supervisory counseling and close monitoring of employee performance.</p> <p>Conduct Actions - Post-Probationary Employees Conduct-based actions including reprimands, suspensions, reductions in grade or pay, or removals may be taken under specific regulations (5 USC Part 752) and must be consistent with the NIH Table of Offenses and Penalties. Employees must receive formal notification of the disciplinary action, a period of opportunity to respond, and a written decision with notification of appeal rights to MSPB and other appellate organizations.</p>	<p>Performance-Based Actions for Post-Probationary Employees Performance-based actions, including reduction in grade and removal, may be taken under highly detailed OPM regulations (5 USC, Part 432). Such actions would be based on unsatisfactory performance on one or more critical elements of the employee's position. Employees must receive formal notification of deficient performance, be given an opportunity to demonstrate acceptable performance, receive advance notice of any proposed action with a period of opportunity to respond, and receive a written decision of action with notification of appeal rights to MSPB and other appellate organizations. Inherent in this process are extensive documentation requirements, supervisory counseling and close monitoring of employee performance.</p> <p>Conduct Actions - Post-Probationary Employees Conduct-based actions including reprimands, suspensions, reductions in grade or pay, or removals may be taken under specific regulations (5 USC Part 752) and must be consistent with the NIH Table of Offenses and Penalties. Employees must receive formal notification of the disciplinary action, a period of opportunity to respond, and a written decision with notification of appeal rights to MSPB and other appellate organizations.</p>	<p>conditional period may result in: alternative placement, e.g., placement in a lower band (in which case a new conditional period may be required); or termination. A 7 day written notification will be given if a termination action is to be taken.</p> <p>Performance-Based Issues - Post-Conditional Core Employees Core employees who have completed the conditional period will be notified of unsatisfactory performance and given a 30-day opportunity to improve. During that time period, the employee's patient-care activities will be strictly monitored. Employees who fail to improve either will be placed in a lower band, reduced in pay or terminated. Employees will have the right to review the documentation supporting the charge(s), and prepare a response to the Deciding Official in writing and/or in person. The response must be made within 15 days of receipt of the proposal (unless extended in writing by the Deciding Official). Employees who are terminated will receive 30 days written notification.</p> <p>Conduct Issues - Post-Conditional Employees The following actions will be available for conduct-related issues: reprimands, suspensions, reductions in band or pay, or removals. For actions other than reprimands, the employee will have the right to review the documentation supporting the charge(s), and to prepare a response within 15 days to the Deciding Official in writing and/or in person. The Deciding Official will determine whether the charges are sustained and whether the penalty proposed is reasonable.</p>	<p>employee is given an opportunity to respond in writing or orally to the CC Director, who will issue a written decision.</p> <p>If an employee is tenure or tenure-tracked, the employee will also undergo de-tenuring.</p> <p>Conduct Actions - Post-Probationary Employees Disciplinary suspensions or terminations may be taken for cause, e.g., personal or scientific misconduct. Employees will be notified in writing of the proposal to terminate or suspend and will have the opportunity to respond orally or in writing to the CC Director, who will issue a written decision.</p>
Alternative Dispute	Alternatives to traditional performance	Alternatives to traditional performance	The services of the NIH Ombudsman for	The services of the NIH Ombudsman for

or Discipline Resolution	and disciplinary processes include alternative dispute resolution through the NIH Ombudsman for Cooperative Resolution and other Alternative Dispute Resolution procedures. These services provide non-adversarial approaches in resolving disputes and correcting misconduct.	and disciplinary processes include alternative dispute resolution through the NIH Ombudsman for Cooperative Resolution and other Alternative Dispute Resolution procedures. These services provide non-adversarial approaches in resolving disputes and correcting misconduct.	Cooperative Resolution are available to resolve disputes as an alternative to the disciplinary processes.	Cooperative Resolution are available to resolve disputes as an alternative to the disciplinary processes
Grievances and Alternative Dispute Resolution	An employee may file a formal grievance concerning any matter relating to employment, or a perceived violation of any law, rule, or regulation affecting conditions of employment. Alternative Dispute Resolution also is available.	An employee may file a formal grievance concerning any matter relating to employment, or a perceived violation of any law, rule, or regulation affecting conditions of employment. Alternative Dispute Resolution also is available.	A continuing and open dialogue regarding working conditions, assignments, performance and competency requirements, and other workplace issues is key to the success of the CRS Program. The services of the NIH Ombudsman for Cooperative Resolution may be used.	Terminations and suspensions are not subject to agency grievance procedures with the exception of equal employment discrimination concerns. The services of the NIH Ombudsman for Cooperative Resolution may be used when disputes arise.
Reduction-In-Force	Government-wide regulations prescribe the retention standing of employees. Within the designated “competitive area”, similar positions (grade, series and qualifications) with the same work schedule are grouped into competitive levels. Within competitive levels, employees are grouped by tenure, veterans’ preference, length of service and performance. Employees are released from the competitive level in inverse order of retention standing. If an employee is released, he/she may be placed in an alternative position or “retreat” to a previously-held position.	Government-wide regulations prescribe the retention standing of employees. Within the designated “competitive area”, similar positions (grade, series and qualifications) with the same work schedule are grouped into competitive levels. Within competitive levels, employees are grouped by tenure, veterans’ preference, length of service and performance. Employees are released from the competitive level in inverse order of retention standing. If an employee is released, he/she may be placed in an alternative position or “retreat” to a previously-held position.	In the unlikely event that the CC has a reduction in force, CRS employees would not be grouped with Title 5 employees in a retention/release process. If the CC decides to reduce the number of Title 42 CRS indefinites, a system for handling the reduction would need to be established since Reduction-In-Force is not addressed in T42.	In rare circumstances, appointments may be terminated for administrative reasons, e.g., lack of funds, re-direction of resources. However, if an employee is tenure or tenure-tracked, the employee would undergo de-tenuring.